

Phase 2

# Indicator Descriptions

National Pilot Test

Development of National Indicators and Reports for  
**Home Care**



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé



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Reports for Home Care  
Phase 2**

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**Development of National Indicators and Reports for Home Care**  
**Phase 2**  
**Indicator Descriptions**  
**National Pilot Test**

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## Introduction

To address the growing need across Canada for timely and accurate information on home care services, the Canadian Institute for Health Information (CIHI) received funding from the Health Transition Fund (1999/2001) and the *Roadmap Initiative*<sup>1</sup> (1999/2003) to develop national priority indicators and reports for home care.

## Working Definition of Home Care

For the purposes of indicator development, a working definition of home care was developed, based on the broad World Health Organization (WHO) definition of health and on key concepts used by Health Canada, Statistics Canada, and the Canadian Council on Health Services Accreditation, as follows:

*“A range of **health and support services** received at home with costs being entirely or partially covered by a national/provincial/territorial health plan. These services enable clients incapacitated, in whole or in part, to live in their home environment. These services help individuals achieve and maintain optimal health, well being and functional ability through a process of assessment, case coordination, and/or the provision of services. Service recipients may have one or more chronic health conditions or recently experienced an acute episode of illness or hospitalization.”*

This definition was augmented by a set of core program components proposed by the Federal/Provincial/Territorial (F/P/T) Working Group on Continuing Care in a presentation to the F/P/T Ministers of Health in September 2001. These program definitions provide a common set of concepts to describe the diverse needs of home care clients, families and caregivers across Canada. Core components for home care include:

- Maintenance
- Rehabilitation
- Long-term Supportive Care
- Acute Care Substitution
- End-of-Life Care
- Support for Informal Caregivers

Definitions for the core program components are found in Appendix A.

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<sup>1</sup> The Roadmap Initiative is a collaborative effort between the Canadian Institute for Health Information (CIHI), Statistics Canada, Health Canada, and a number of key stakeholder groups, including provincial and territorial health ministries, to meet priority health information requirements that serve to improve public health and the quality of the health system.

## Information Requirement: *Health Conditions*

### Health Status of Home Care Clients

#### A. Maintenance Clients

**Definition:** Distribution of maintenance clients, by primary functional impairment grouping.

**Description:** Understanding the factors that determine the type and amount of home care used is important for predicting use in the future and supporting policy development. Information on the nature of the functional impairment provides a more comprehensive and meaningful profile of the overall health status of this particular home care population. Other indicators provide information on the functional status at the person-level, for ADL, IADL and cognition whereas functional impairment describes human function at the body level. Functional impairment groupings for these clients are recommended instead of diagnostic descriptors because they more adequately describe levels of home care service, resource use and client outcomes.

**Numerator:** Maintenance clients, by primary functional impairment grouping.

**Denominator:** The total number of maintenance clients.

**Exclusions:** None

**Calculation:** (Numerator/Denominator) x100

**Guidelines:** The International Classification of Functioning, Disability and Health (ICF) will be used to record the one functional impairment that describes the most significant impairment resulting in referral to home care. In the case where multiple functional impairments are present, the one that is most related to the provision of home care services will be selected.

A standardized pick list of functional impairments based on the International Classification of Functioning, Disability and Health (ICF) will be provided.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** International Classification of Functioning, Disability and Health (ICF), World Health Organization, Geneva, 2001.

## Health Status of Home Care Clients

### B. Rehabilitation Clients

**Definition:** Distribution of rehabilitation clients, by Rehabilitation Client Group (RCG).

**Description:** The Rehabilitation Client Groups were tested for relevance and validity in a Canadian context. The RCG is a key variable used in reporting national indicators for adult inpatient rehabilitation. If rehabilitation services across the continuum of health services are to be evaluated, a consistent method of grouping clients is necessary to allow comparable reporting. It is anticipated that the RCG will be used to report on rehabilitation services provided in ambulatory care settings.

**Numerator:** Rehabilitation clients, by Rehabilitation Client Group.

**Denominator:** The total number of rehabilitation clients.

**Exclusions:** None

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Guidelines:** The RCG is the rehabilitation condition that best describes the primary reason for admission to home care. The RCG is documented by the case manager at time of client acceptance into the home care program.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** The Rehabilitation Client Groups have been adapted from the UDS<sub>MR</sub> impairment codes. Copyright © 1997 Uniform Data System for Medical Rehabilitation, a division of U B Foundation Activities, Inc., all rights reserved. Used with permission.

## Health Status of Home Care Clients

### C. Long-term Supportive Care Clients

**Definition:** Distribution of long-term supportive care clients, by primary functional impairment grouping.

**Description:** Understanding the factors that determine the type and amount of home care used is important for predicting use in the future and supporting policy development. Information on the nature of the functional impairment provides a more comprehensive and meaningful profile of the overall health status of this particular home care population. Other indicators provide information on the functional status at the person level, for activities of daily living (ADLs), instrumental activities of daily living (IADLs) and cognition whereas; functional impairment describes human function at the body level. Functional impairment groupings for these clients are recommended instead of diagnostic descriptors because they more adequately describe levels of home care service, resource use and client outcomes.

**Numerator:** Long-term supportive care clients, by primary functional impairment grouping.

**Denominator:** The total number of long-term supportive care clients.

**Exclusions:** None

**Calculation:** (Numerator/Denominator) x100

**Guidelines:** The International Classification of Functioning, Disability and Health (ICF) will be used to record the one functional impairment that describes the most significant impairment resulting in referral to home care. In the case where multiple functional impairments are present, the one functional impairment that most affects resource requirements will be selected.

A standardized pick list of functional impairments based on the International Classification of Functioning, Disability and Health (ICF) will be provided.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** International Classification of Functioning, Disability and Health (ICF), World Health Organization, Geneva, 2001.

## Health Status of Home Care Clients

### D. Acute Care Substitution Clients

**Definition:** Distribution of acute care substitution clients, by most responsible health condition.

**Description:** Diagnostic information reflects the person's health status and resource requirements at the time of admission in the home care program. Diagnostic information on acute care substitution clients will contribute to an understanding of levels of home care service, resource use and client outcomes. Will support comparative reporting across the continuum of health services for this program area.

**Numerator:** Acute care substitution clients, by most responsible health condition.

**Denominator:** The total number of acute care substitution clients.

**Exclusions:** None

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Guidelines:** The one diagnostic category that describes the most significant health condition which results in admission to home care services. In the case where multiple diagnostic categories may be classified as the "most responsible" the diagnostic category that is most related to resource requirements will be selected.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) 2001.

## Health Status of Home Care Clients

### E. End-of-Life Clients

**Definition:** Distribution of end-of-life clients, by most responsible health condition.

**Description:** Diagnostic information reflects the person's health status and resource requirements at the time of admission in the home care program. Diagnostic information on end-of-life clients will contribute to an understanding of levels of home care service, resource use and client outcomes. Will support comparative reporting across the continuum of health services (i.e. facility-based services vs. home-based services) for this program area.

**Numerator:** End-of-life care clients, by most responsible health condition.

**Denominator:** The total number of end-of-life clients.

**Exclusions:** None

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Guidelines:** The one diagnostic category that describes the most significant health condition, which results in admission to home care services. In the case where multiple diagnostic categories may be classified as the "most responsible" the diagnostic category that is most related to resource requirements will be selected.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Canada (ICD-10-CA) 2001.

## Information Requirement: *Human Function*

### Functional Status—ADLs and IADLs

**Definition:** The average functional score of home care clients for activities of daily living (ADLs) and for instrumental activities of daily living (IADLs), at time of initial assessment and reassessment, by core program component.

**Description:** Information on the ability of clients to perform ADLs and IADLs is considered key in home care because a given amount of independence in functioning is necessary for clients to remain at home. Measures of ADL function include eating/drinking, grooming, dressing, bathing, toileting, transfers, and locomotion. Measures of IADL function include meal preparation, light and heavy housework, medication management, shopping, and telephone use.

Functional status is a key component of quality of life and reflects both cognitive and motor abilities. The level of ability of clients to perform ADLs and IADLs has a strong relationship to resource use in home care.

**Numerator:** The arithmetic sum of functional scores for ADLs and for IADLs, by core program component.

**Denominator:** The number of admissions, by core program component.

**Exclusions:** Support for informal caregivers core program component.

**Calculation:** (Numerator/Denominator)

**Data Sources:** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Cognitive Status of Home Care Clients

**Definition:** The proportion of home care clients who have a cognitive impairment at time of assessment, by age group and core program component.

**Description:** It is proposed that older adults are at a higher risk than the rest of the population for cognitive impairment. Research findings suggest that in older individuals, cognitive functioning is more likely to decline during an episode of illness or injury. The service goals of home care clients with cognitive impairments can differ significantly from clients with physical impairments. Research findings support that the type (e.g. physical or supervisory) and amount of assistance received varies significantly between cognitively and physically impaired clients. Provisions of innovative services/programs that actively engage cognitively impaired individuals can assist them maintain their autonomy and quality of life. Information on the cognitive status of home care clients and how it changes over time is useful for health and support services' planning and resource allocation.

**Numerator:** The number of home care clients who have a cognitive impairment at time of assessment, by age group and core program component.

**Denominator:** The number of admissions, by core program component.

**Exclusions:** Support for informal caregivers core program component.

**Guidelines:** The Standardized Mini Mental State Examination (SMMSE) will be used to assess the cognitive status of home care clients at time of assessment. The test will only be administered to clients where the service provider identifies potential cognitive limitations. The SMMSE tests for five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum test score is 30. A cut off score of 23 is proposed in the research literature as indicative of cognitive impairment.

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Data Sources:** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** Standardized Mini Mental State Examination, Dr. David Molloy 1998, 1999. Used with permission.

## Presence of Disruptive Behaviours

**Definition:** Proportion of home care clients who exhibit disruptive behaviours, by core program component.

**Description:** Some home care clients exhibit behaviours that are potentially harmful to themselves, interfere with daily activities and negatively impact on the service provider's ability to provide care/services. These behaviours may also negatively impact on the achievement of service goals/objectives. Some behaviours can be altered at times but overall they have an impact on service delivery and on the client's ability to live at home either alone or with others.

**Numerator:** Number of home care clients who exhibit disruptive behaviours, by core program component.

**Denominator:** The number of clients who receive home care services, by core program component.

**Exclusions:** None

**Calculation:** (Numerator/Denominator) x100

**Guidelines:** Disruptive behaviours include wandering, verbal/physically abusive behaviours, resistance to supervision or care, and socially disruptive, inappropriate behaviours and paranoia. Socially disruptive and inappropriate behaviours include but are not limited to repetitive behaviours, screams, and inappropriate sexual behaviour, smearing or throwing food/feces, hoarding, and rummaging through others belongings. Paranoid behaviour includes but is not limited to being suspicious of others.

**Data Sources:** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Information Requirement: *Personal Resources*

### Availability of Informal Caregivers

**Definition:** Percent of home care clients who have a primary informal caregiver who provides regular and sustained assistance/support, by age group and core program component.

**Description:** There has been a growing recognition of the role and importance of informal and support networks in the provision of services to individuals in their homes. Absence of informal support has been identified in the research literature as a significant risk factor contributing to institutionalization of the frail elderly and people with disabilities living within the community. Availability of informal supports are regarded as important in assessing what needs can be met by informal caregivers and the adequacy of both formal and informal services in meeting the client's physical, psychological, and social needs.

**Numerator:** The total number of home care clients who have a primary informal caregiver who provides regular and sustained assistance/support, by age group and core program component.

**Denominator:** The total number of home care clients who received services, by age group and core program component.

**Exclusions:** Formal service providers or individuals arranged by formal service providers such as volunteers.

**Guidelines:** Assistance and support is provided without payment and includes assistance with activities that the client is unable to perform independently and/or that contribute to the well-being or safety of the client.

**Calculation:** (Numerator/Denominator) x100

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Informal Caregiver Burden

**Definition:** Percent of home care clients whose primary informal caregiver expresses inability to continue in caregiving activities, need for more support, or feelings of distress, anger, depression, by core program component.

**Description:** A measure of caregiver strain/burden and of the adequacy of the informal support networks. Caregiver burden is often associated with the presence of emotional strain because of caregiving, problems with the caregiver's physical health, and difficulties performing necessary care tasks. There has been a growing recognition of the role and importance of informal and support networks in the provision of services to individuals in their homes. Informal caregiver burnout may impact on the home care client's ability to achieve service goals and/or remain at home.

**Numerator:** Number of home care clients whose primary informal caregiver expresses inability to continue in caregiving activities, need for more support, or feelings of distress, anger, depression, by core program component.

**Denominator:** The total number of home care clients who have a primary informal caregiver, by core program component.

**Exclusions:** None

**Calculation:** (Numerator/Denominator) x100

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** *interRai* MDS-HC Version 2.0, Item # G2c. Used with permission.

## **Living Arrangements**

**Definition:** Distribution of home care clients, by type of permanent living arrangement, age group and core program component.

**Description:** Individuals' living arrangements can have a significant impact on their ability to live within their community. Identifies clients who may be at risk for physical and social isolation, which may in turn result in limited access to emotional and social support and the assistance necessary to live at home. This indicator is informative for program planning and delivery of services. An individual's permanent living arrangements can be analyzed with reference to other related indicators of informal supports such as availability of informal caregivers and/or informal caregiver burden.

**Numerator:** Total number of individuals who received home care services by type of permanent living arrangement, by age group and core program component.

**Denominator:** The total number of home care clients who received services, by age group and core program component.

**Exclusions:** None

**Calculation:** (Numerator/Denominator) x100

**Data Sources:** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## **Accommodation Setting**

**Definition:** Distribution of home care clients, by type of accommodation setting and core program component.

**Description:** Insecure housing has been identified in the research literature as a risk factor for premature entry into institution-based care. Accommodation setting can be an important determinant of access to appropriate home care services. Information on type and variety of service settings where services are delivered is important for the planning and delivery of services.

**Numerator:** Number of individuals who received home care services, by type of accommodation setting and core program component.

**Denominator:** The total number of home care clients who received services, by core program component.

**Exclusions:** None

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Data Sources:** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Information Requirement: *Accessibility*

### Time Waiting for Home Care

#### A. Time Waiting from Referral to Initial Assessment

**Definition:** Average number of calendar days individuals waited, from date of first referral to the home care program to initial client assessment, by core program component.

**Description:** The average length of time individuals waited for an initial assessment once they had been referred to home care. Informative for monitoring and trending the availability and accessibility of service coordination/case management services and resources, and assessing system responsiveness to client needs.

**Numerator:** The total number of calendar days (i.e. the arithmetic sum) individuals waited from date of initial referral to home care to date of initial assessment, by core program component.

**Denominator:** The number of individuals receiving home care services, by core program component.

**Exclusions:** Individuals should not be included in the calculation of this indicator if a decision was made after the date of initial referral, either by the client or the referral source to delay/postpone client assessment for home care services.

**Calculations:** Numerator/Denominator

**Guidelines:** The day of initial referral is included in the calculation of this indicator but the day of first contact for initial assessment is not.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Elements

## Time Waiting for Home Care

### B. Time Waiting from Initial Assessment to Service Provision

**Definition:** Average number of calendar days individuals waited, from the initial date of client assessment to the provision of first service, by core program component.

**Description:** The average length of time individuals waited for the provision of first service once they have been assessed and their service needs have been determined. Informative for monitoring and trending the availability and accessibility of services in specified core program components and assessing system responsiveness to client needs.

**Numerator:** The total number of calendar days (i.e. the arithmetic sum) individuals waited from date of initial client assessment to date of first contact with a service provider (for the purpose of service provision), by core program component.

**Denominator:** The total number of individuals receiving home care, by core program component.

**Exclusions:** Individuals should not be included in the calculation of this indicator if a decision was made after the date of referral, either by the client or the referral source to delay/postpone the provision of home care services.

**Calculations:** Numerator/Denominator.

**Guidelines:** The initial day of assessment is included in the calculation of the indicator but the day of first contact with a service provider (for the purpose of service provision) is not.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## **Home Care Access Per Capita**

**Definition:** The number of individuals receiving publicly funded home care, by age group and gender, per capita.

**Description:** Population-based access indicator. Informative for reporting on access to home care from a catchment population's perspective. Supports program planning and evaluation.

**Numerator:** Total number of distinct individuals who received home care services, by age group and gender.

**Denominator:** Total regional population, by age group and gender from census estimates.

**Exclusions:** Individuals receiving home care services that reside outside of the regional catchment area.

**Calculations:** Numerator/Denominator

**Guidelines:** This indicator does not include utilization data for residents accessing home care services from another health region.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection) and Statistics Canada (census data)

**References:** CIHI Home Care Data Elements

## Information Requirement: *Effectiveness*

### Service Goals Met

**Definition:** Percentage of home care clients achieving documented service goals by specified target dates, by core program component.

**Description:** Clients, informal caregivers and service providers work together to set specific goals, plan services and document expected outcomes. This information provides important feedback to program managers for quality improvement initiatives and service planning.

**Numerator:** Number of home care clients who attained their service goals by specified target dates at time of reassessment, by core program component.

**Denominator:** The total number of home care clients who received services, by core program component.

**Guidelines:** The information will be collected at time of reassessment or discharge. Service goal(s) must be documented in the client's health record. Refers to documented service goals with an expected date of achievement less than or equal to 90 days. The definition of 'service goal met' will be interpreted to mean that service goals were met by expected target date or sufficient progress was made on the service goal by expected target date. If one or more of the service goals meet these criteria, then service goals would be considered sufficiently met.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## **Functional Outcomes**

**Definition:** Distribution of home care clients, by functional outcome and core program component.

**Description:** The requirement for assistance with and/or the provision of activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are frequently a reason for accessing home care services. Measures of functional outcome based on services provided can be useful to identify best practices and guide case management practices.

**Numerator:** The number of clients who received home care services, by measures of functional outcome and core program component.

**Denominator:** The total number of clients who received home care services, by core program component.

**Guidelines:** Measures of functional outcome are defined as an improvement, stabilization, or deterioration in the clients' ability to perform ADLs and IADLs. This is reflected by a change in summative score in both ADLs and IADLs at time of reassessment.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection) and Statistics Canada (census data)

**References:** CIHI Home Care Data Elements

## Information Requirement: *Health System Characteristics*

### Population Utilization

#### A. Admissions

**Definition:** Per capita admissions to publicly funded home care, by age group and gender and core program component.

**Description:** Utilization indicator from a health-system perspective. Specific reporting on distribution and level of utilization by core program component and by age group and gender could be informative for program planning, evaluation, and managing resources.

**Numerator:** Total number of admissions to home care services, by age group and gender and core program component.

**Denominator:** Total regional population, by age group and gender, from census estimates.

**Exclusions:** Individuals receiving home care services that reside outside the regional catchment area.

**Calculations:** Numerator/Denominator

**Guidelines:** Multiple admissions for the same client within the reporting period will be included in the calculation of this indicator. This indicator will be age and gender standardized.

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection) and Statistic Canada census data

**References:** CIHI Home Care Data Elements

## Population Utilization

### B. Service Hours

**Definition:** The average number of service hours received per episode, by type of home care service and core program component.

**Description:** Information on the amount of home health and home support services received per episode of care is important for predicting service utilization and resource use in the future and for developing and informing public policy regarding eligibility criteria and service maximums.

**Numerator:** The total number of hours received by home care clients, (i.e. the arithmetic sum) by type of home care service and core program component.

**Denominator:** The total number of home care admissions, by type of home care service and core program component.

**Exclusions:** Time spent traveling to and from clients' homes.

**Calculation:** (Numerator/Denominator)

**Guidelines:** Type of home care service is defined as:

- Home health
- Home support

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Use of Emergent Care Services

**Definition:** Proportion of home care clients who used emergent care services, by core program component.

**Description:** Organizations responsible for planning and evaluating health services may monitor and trend emergent care use and draw conclusions about overall health system performance. Jurisdictions could compare their rates over time and their experiences with that of other jurisdictions to identify potential opportunities to improve existing processes of care. Use of emergent care services is costly and can have a significant impact on the total cost of services provided.

**Numerator:** Number of home care clients who had an emergent care visit, by core program component.

**Denominator:** The total number of home care clients who received services, by core program component.

**Exclusions:** None

**Guidelines:** Emergent care services include hospital-based emergency rooms and freestanding emergent care services.

**Calculation:**  $(\text{Numerator}/\text{Denominator}) \times 100$

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Element and MIS Guidelines definition for emergent care.

## Temporary Transfers to Short-term and/or Transitional Beds

**Definition:** Proportion of home care clients who had a temporary transfer to a facility-based (acute care and long-term care facilities) short-term and/or transitional bed, by core program component.

**Description:** Unplanned transfers to a facility-based short-term and/or transitional bed usually occurs as a result of a change in the health status of the client and/or the ability/availability of the informal caregiver to provide required care and supervision.

**Numerator:** Number of home care clients who had a temporary transfer to a facility-based short-term and/or transitional bed, by core program component.

**Denominator:** The total number of home care clients who received services, by core program component.

**Exclusions:** Individuals accessing planned/scheduled respite services.

**Calculation:** (Numerator/Denominator) x100

**Data Source(s):** CIHI Phase 2—National Pilot Test (prospective data collection)

**References:** CIHI Home Care Data Definition

## Per Capita Regional Expenses for Home Care (Home Health and Home Support)

**Definition:** Per capita regional expenditures on home health and home support services, by health region.

**Description:** Information on the level of public funding of health and support services provided by home care to a region's population. The amount spent per capita on publicly funded home care within a region.

**Numerator:** Total operating expenses of the health region for home health and home support services for FY 2001/2002.

**Denominator:** Total regional population from census estimates.

**Exclusions:** None

**Guidelines:** Direct expenses for home health, include the compensation, drugs medical/surgical supplies, sundry, equipment, referred-out, and buildings and grounds expenses related to providing these services:

- Information and referral
- Assessment and case management
- Nursing services
- Diagnostic and therapeutic services

Direct costs for home support include the compensation, supplies, sundry, equipment, referred-out and buildings and grounds expenses related to providing the following services:

- Homemaking services
- Home maintenance/adaptation
- Meal provision
- Personal care
- Transportation
- Respite
- Volunteer services

As well, the following expenses are charged to either Home Health or Home Support based on the resources consumed:

- General Administration (e.g. finance, human resources, materiel management)
- Information Systems
- Plant Operations/Security/Maintenance and Housekeeping
- Health Records
- Other costs of an administrative and support nature

**Calculation:** (Numerator/Denominator) x100

**Data Sources:** Regional-level administrative data

**References:** CIHI Data Definition (MIS Guidelines)



# Appendix A



## Core Program Components: *Definitions*

The intent and intensity of home health and home support services may vary and are based on the assessed needs of each client.

- 1. Maintenance**—Health and support services, which consist primarily of supervision, psychosocial support and assistance with personal care, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Services are designed to maintain independence and where possible to enhance client’s performance of ADLs and IADLs. Services may be provided over an extended period of time, are not time-limited and may vary from low to moderate intensity. The goal of these services is to prevent/minimize premature decline in health and/or functional status.
- 2. Rehabilitation**—Goal-oriented and time-limited health services, which enable individuals with impairments, activity limitations and participation restrictions to identify and reach their optimum mental, physical and/or social functional level. Service provision focuses on abilities and the goal is to improve functional status and facilitate social integration and independence. May include home support services.
- 3. Long-term Supportive Care**—Specialized health services as well as support services consisting primarily of personal care and hands-on assistance with the majority of ADLs and IADLs. Service provision is designed to substitute for services provided by a long-term care facility. Services may be provided over an extended period of time and are not time-limited. The goal of these services is to prevent or delay institutionalization. Service intensity may vary from moderate to high.
- 4. Acute Care Substitution**—Specialized health and support services provided to individuals that are intended to promote recovery from an acute episode of illness or surgery and/or for individuals recently discharged from hospital. Services are time-limited and may vary from low to high intensity. The goals of these services are to prevent an acute care facility admission or re-admission and/or to reduce the length of stay in an acute care facility.
- 5. End-of-Life Care**—Palliative health and support services provided to individuals, whose health condition is not responsive to curative treatment and who are dying. The intent of this service is to meet the needs of individuals who wish to receive end-of-life care at home. Services are not intended to cure or prolong life, but to alleviate distressing symptoms and to achieve the best possible quality of life for clients and their families.

